

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35250**  
Registrar's No. **9309**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hosp.</b>		/6 STREET ADDRESS (If rural, give location) <b>3665 Wyoming</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clemens</b> b. (Middle) <b>S.</b> c. (Last) <b>Keil</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10/20/51</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 26, 1881</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months   Days   Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>J.R. Kelly Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Alwin Keil</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Middendorf</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-09-9681</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph S. Keil</b>	ADDRESS <b>--3665 Wyoming</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction</b>		<b>48</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>paralytic ileus</b> <b>Contractive</b> DUE TO (c) <b>tubercular process in the thoracic spine</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Very marked scoliosis and deformity of chest</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>0130</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1951, to October, 1951, that I last saw the deceased alive on 10-20, 1951, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Maximilian Weitman M.D.</b>	(Degree or title)	23b. ADDRESS <b>3530 ARSENAL, St. Louis</b>	23c. DATE SIGNED <b>10-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/23/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>OCT 22 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker-Nehls</b>	ADDRESS <b>3634 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert Wheeler

Licensed Embalmer No. 2528

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.